

Commentary

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Buckley and colleagues explored the use of a clinical prediction model in the diagnosis of ectopic pregnancy among women with complicated first-trimester pregnancies. Criteria from the model that were useful—that is, signs of abdominal or pelvic peritoneal irritation and the presence of either fetal heartbeats or products of conception at the cervical os—revealed only the obvious cases and were seen too infrequently to influence management in most patients.

The authors state that incorporating historical risk factors in the model, such as exposure to previous tubal surgery, did not improve its accuracy, although these data were not analyzed in the report. This finding is strange unless these women were underrepresented through selection and received prenatal care elsewhere. They obviously have a higher risk for ectopic pregnancy than unexposed women, a factor that increases the probability of ectopic pregnancy once they are symptomatic.^{1,2}

This finding probably does not affect the generalizability of the model to other emergency departments. A previous study of patients in an obstetrics and gynecology setting confirmed the limitations of physical findings in diagnosing ectopic pregnancy.³ The study by Buckley and associates underlines the need for diagnostic expertise and equipment—transvaginal ultrasonography and serum human chorionic gonadotropin testing—for any unit responsible for managing women with complicated first-trimester pregnancies.

1 Ankum WM, Mol BW, van der Veen F, et al. Risk factors for ectopic pregnancy: a meta-analysis. *Fertil Steril* 1996;65:1093-1099.

2 Mol BW, van der Veen F, Bossuyt PM. Implementation of probabilistic decision rules improves the predictive values of algorithms in the diagnostic management of ectopic pregnancy. *Hum Reprod* 1999;14:2855-2862.

3 Mol BW, Hajenius PJ, Engelsbel S, et al. Should patients who are suspected of having an ectopic pregnancy undergo physical examination? *Fertil Steril* 1999;71:155-157.